Name in Full: Wm M. Coddington Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death 1904: Month: Jan. — Day: 8th — Age: Years: 76 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Mar Riley — Occupation: wife

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hovelaupt

Address: Oakland Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Civilla B Crane X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Lynn Heights County: Garrett

Date of death: Month: Jan Day: 19 1904

Age: Years: 45 Months: X Days: 11

Sex: Female

Color or Race: White

Birthplace: Garrett co Md

Occupation: House Wife

Where Residing if not at place of death: at Home

Married, Single or Widowed: Married

Name of Wife or Husband: Benjamin F Crane

Father's Name: Johnson White

Father's Birthplace: Garrett co Md

Mother's Maiden Name: Senia Greeg

Mother's Birthplace: do not Know

Name of person giving Information: B F Crane

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Pal 5.

How long: 8 Weeks

Immediate: Lung trouble Attended by H W McComas Md

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr H W McComas

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert G. Sowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendsville; County: Garrett

Date of death 1904: Month: Jan; Day: 20

Age: Years: 1; Months: 7; Days: 11

Sex: Male

Color or Race: White

Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~: Single

Occupation:

Name of Wife or Husband:

Father's Name: James Sowler

Father's Birthplace: Pa

Mother's Maiden Name: Lilla

Mother's Birthplace: Pa

Name of person giving Information: James Sowler

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capilary Bronchitis

How long: 2 wks.

Immediete: " "

How long:

90

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Macon M.D.

Address: Friendsville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: William Esel X

CERTIFICATE OF DEATH

MARYLAND

Died at – Town: ____ County: Garrett Co

Date of death 1904: Month 1 Day 22

Age: Years 16 Months 11 Days 13

Sex: M. Color or Race: W. Birthplace: Md

Married, Single or Widowed: ____ Occupation: ____

Name of Wife or Husband: ____

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Esel — Father's Birthplace: Md

Mother's Maiden Name: Martha Fisher — Mother's Birthplace: Md

Name of person giving information: John. O. Evans — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: 1 wk

Immediate: Peritonitis — How long: 24 hours

118

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. McLand M. D.

Address: Grantsburg Md

Accident or Suicide?

LIBRARY BUREAU A98510

Allegany Cemetery

J. K. M.

Name in Full: Charles A Friend X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ near: Town: Friendsville; County: Garrett

Date of death 190[illegible]: Month: January; Day: 9; Age: Years: 1; Months: 9; Days: 21

Sex: Male; Color or Race: white; Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~; ~~Occupation~~

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name: Malinda C. Friend; Mother's Birthplace: Md

Name of person giving information: Malinda C Friend; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma 9; How long: year 1, m 9, d 21

Immediate: Croup; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. Savage Undertaker

Address: Friendsville, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Ellen Hayden Harvey X

CERTIFICATE OF DEATH

MARYLAND

Died at: Mtd. Park — Town: [illegible] — County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: January — Day: 16 — Age: Years: 27 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Housewife

Name of ~~Wife~~ Husband: Rev. Harvey

Father's Neme: Jno A. Hayden — Father's Birthplace:

Mother's Maiden Name: Dorsey — Mother's Birthplace:

Name of person giving In formation: — — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Interstitial — How long: 2 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Houlihan

Address: Oakland Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A06515

Name in Full: Rachael Henry ×

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mor Kinney — County: Garrett — MARYLAND

Date of death: 1904 — Month: Jany — Day: 5 — Age: Years: 89 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: N B Henry

Father's Name: Thomas Wilson — Father's Birthplace: —

Mother's Maiden Name: Bowman — Mother's Birthplace: —

Name of person giving Information: E W Kelso — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: Several Months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J D Newmon M D

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Joseph Floyd Hook X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frenchville; County: Garrett

Date of death 1904: Month: 1; Day: 11; Age: Years 24 ~~1704~~; Months 7; Days 19

Sex: Male; Color or Race: White; Birthplace:

Married, Single or Widowed: Single; Occupation: Saloon

Name of Wife or Husband: —

Father's Name: Ezra B. Hook; Father's Birthplace: Garrett Co

Mother's Maiden Name: ; Mother's Birthplace: " "

Name of person giving In formation: M E. Joyce; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis; How long: 2 days

Immediate: "; How long: "

116

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Macer M.D.

Address: Frenchville Md

Accident or Suicide?

LIBRARY BUREAU A88815

Name in Full: Charles O Meeks ×

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bittinger — County: Garrett

Date of death 1904 — Month: Jan — Day: 12 — Age: Years 63 — Months 8 — Days 15

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: Married — Occupation: Coal Miner

Name of Wife or Husband: Mary Pheaby

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Annie Swanbaker — Mother's Birthplace: Alleghany Co Md

Name of person giving information: C E Coldhoot — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Cerebro Hemorrhage — How long: 4 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Berdine

Address: Grantsville Md

Accident or Suicide:

LIBRARY BUREAU A89316

Name in Full: William R Michael X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Franklinville (County) Garrett

Date of death 1904 — Month Jan. — Day 2 — Age: Years 52 — Months 9 — Days —

Sex: Male — Color or Race: White — Birthplace: Allegany

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or Husband:

Father's Name: David Michael — Father's Birthplace: Allegany Co

Mother's Maiden Name: Jane Sigler — Mother's Birthplace: Allegany Co.

Name of person giving information: Mattie Michael — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broken leg — How long 4 days

Immediate: Blood poison — How long 7 days

164

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Shuey

Address: Piedmont W Va

Accident or Suicide? accident

LIBRARY BUREAU A85516

Name in Full: Christena Miller X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Accident — County: Garrett

Date of death 1904: Month: Jan. — Day: 16 — Age: Years: 58 — Months: 7 — Days: 26

Sex: Female — Color or Race: Caucasian — Birthplace: Cove Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Melchor Miller — Father's Birthplace: Germany

Mother's Maiden Name: Christena Rudolph — Mother's Birthplace: Germany

Name of person giving In formation: Ed Finkbeiner — How related to deceased: Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy nephritic — How long: four years

Immediate: Dropsy nephritic — How long: Seven months

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H.R. Boyer M.D.

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Frederick Schaffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death 1904: Month: Jan; Day: 11; Years: Age 6; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: single; Occupation:

Name of Wife or Husband:

Father's Name: Henry J. Schaffer; Father's Birthplace: Md

Mother's Maiden Name: Miss Kuhl; Mother's Birthplace: W. Va.

Name of person giving information: Mother; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scarlet fever; How long: 5 weeks

Immediate: Abscess of head; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. C. Hinebaugh

Address: Oakland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A98518

Name in Full

Certificate of Death

Mary · Martha · Sisler

Town

County

Died at Red Hawk Grant MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
January	1			19	Maryland	

Date 1904

Age

~~Male~~ — Female

White — ~~Colored~~

~~Married~~ — Single

~~Widow~~ — Widower

Divorced

Number of children living

Husband of

Wife

Father's Name Samuel Sisler

Mother's Maiden Name Jane Teets

Cause of Death — Primary: Died Saddon

How long sick

Immediate

Accident, Suicide, Homicide

Reported by A R Fike

Address Eglon Petersburg W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898

Name in Full: Annie Snyder X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Garrett

Date of death 1904 — Month: Jan — Day: 15 — Age — Years: 73 — Months: 8 — Days: 15

Sex: female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Andrew Snyder

Father's Name:

Father's Birthplace:

Mother's Maiden Name: C E Ellithorp — 79

Mother's Birthplace: Nor

Name of person giving Information: C E Ellithorp

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy — How long: Dont-Know

Immediate: Heart Disease — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bevans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Maziah R. Swart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Swanton — County: Garrett

Date of death 190 4: Month: Jan. — Day: 6 — Years: Age 56. — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Charles T. Swart

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Chas. T. Swart — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Cold — How long

Immediate: Tuberculosis — How long 8 mo.

27

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Gazzubaker M.D.

Address: Swanton, Md.

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Thomas. B. Thayer X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elder — County: Garrett

Date of death 1904: Month: Januar — Day: 27

Age: Years: 38 — Months: 10 — Days: 27

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or ~~Husband~~: Allice Thayer

Father's Name: Wright. Thayer — Father's Birthplace:

Mother's Maiden Name: Trent. — Mother's Birthplace:

Name of person giving In formation: Allice Thare — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (93) — How long: 17 days

Immediate: 11 — How long: 17 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Mason M.D.

Address: Friedsville Md.

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: Henry Webber

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Oakland (County) Garrett

Date of death 1904 (Month) Jan (Day) 22

Age (Years) 68 (Months) — (Days) —

Sex

Color or Race White

Birthplace Germany

Married, ~~Single or Widowed~~

Occupation Farmer

Name of Wife or ~~Husband~~ Catharine Schultz

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving In formation Henry Webber

How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Prostate trouble 1/25

How long Several Months

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J E Legge

Address Oakland Md

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A39516